

South Carolina Department of Social Services
Child Care Regulatory Services
CHILD CARE REFERENCE RELEASE STATEMENT

Instructions: **Section A** of this form is to be completed by each of the three persons (non-related individuals) provided as references for the child care director or operator. The forms are to be returned to the child care director or operator for submission to the Department of Social Services. **Section B** is to be completed by Department of Social Services staff during contact with the reference.

SECTION A: CHILD CARE REFERENCE RELEASE STATEMENT

I am willing to be named as a reference for _____ ,
whom I have known for _____ year(s). I understand s/he is planning to operate a child care facility to care for other
individuals' children. I believe the applicant is of responsible character and is of suitable mental and physical health to
provide care for children. I give permission for the Department of Social Services to contact me for additional reference
information.

Signature of Reference: _____ Date: _____

Printed Name of Reference: _____

Address: _____ Zip _____

Phone: _____
Home Work Other

For DSS Use Only
SECTION B: CONTACT WITH REFERENCE BY DEPARTMENT STAFF

Suggested Questions:

1. Did you complete the reference release statement?
2. Do you know of any reason(s) why the Department should not issue a child care license/approval/registration to this applicant? (Consider conditions in the home or circumstances involving anyone residing in the home.)
3. Do you have any additional comments regarding the applicant?

Comments of Reference: _____

Signature of DSS Staff Representative

Date of Contact